

SC

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☐ IXC ☐ CLEC ☐ ILEC ☐ Wireless

2005139-C  
282532  
2019.12.A  
282553

**CERTIFICATED COMPANY INFORMATION**

<u>800 Response Information Services, LLC</u>	
Company Name <u>Same</u>	FEIN/SSN <u>802-860-0378</u>
Dbal/fka <u>1795 Williston Road, Suite 200</u>	Telephone # <u></u>
Mailing Address <u>South Burlington, VT 05403</u>	
City, State, Zip Code <u>Same</u>	
Business Location <u>Same</u>	<u>Chittenden</u>
City, State, Zip Code <u></u>	County <u></u>

**RECEIVED**  
FEB 28 2019  
PSC SC  
MAIL / DMS

**REGISTERED AGENT INFORMATION**

Registered Agent: <u>InCorp Services, Inc.</u>	
Mailing Address: <u>317 Ruth Vista Road</u>	
<u>Lexington, SC 29073-8628</u>	
City, State, Zip Code <u></u>	

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

<u>Robert Cleary</u>		
A.	<b>General Manager</b> (Include Address if different than above)	
	<u>802-860-0378</u>	<u>/ 802-860-0395 / bclearv@800response.com</u>
	Telephone Number	/ Facsimile Number / E-mail Address
<u>Linda Young</u>		
B.	<b>Customer Relations/Complaints Representative</b> (Include Address if different than above)	
	<u>802-860-0378</u>	<u>/ 802-860-0395 / lyoung@800response.com</u>
	Telephone Number	/ Facsimile Number / E-mail Address
<u>Same as B</u>		
C1.	<b>Customer Relations/Complaints Representative for Escalated Complaints</b> (Include Address if different than above)	
	<u></u>	<u>/ /</u>
	Telephone Number	/ Facsimile Number / E-mail Address
<u>800-639-1650</u>		
C2.	<b>Customer Contact</b> (Toll Free Number)	
<u>Dan Sorrell</u>		
D.	<b>Engineering Operations</b> (Include Address if different than above)	
	<u>802-860-0378</u>	<u>/ 802-860-0395 / ievancie@800response.com</u>
	Telephone Number	/ Facsimile Number / E-mail Address
<u>Same as D</u>		
E.	<b>Test and Repair</b> (Include Address if different than above)	
	<u></u>	<u>/ /</u>
	Telephone Number	/ Facsimile Number / E-mail Address
<u>Same as B</u>		
F.	<b>Emergencies</b> (During Non-Office Hours)	
	<u></u>	<u>/ /</u>
	Telephone Number	/ Facsimile Number / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

**G. Stephanie Perrotte**  
**Regulatory Officer** (Name & Title)  
 1795 Williston Road, Suite 200, South Burlington, VT 05403  
 (Mailing Address)  
 802-860-0378 / 802-860-0395 /  
 Telephone Number / Facsimile Number / E-mail Address

**H. Same as G**  
**Annual Report Mailings** (Name & Title)  
 (Mailing Address)  
 / /  
 Telephone Number / Facsimile Number / E-mail Address

**I. Dual Party Mailings** (Name & Title)  
 (Mailing Address)  
 N/A / /  
 Telephone Number / Facsimile Number / E-mail Address

**J. Interim LEC Fund Mailings** (Name & Title)  
 (Mailing Address)  
 / /  
 Telephone Number / Facsimile Number / E-mail Address  
 Same as G

**K. Universal Service Fund Mailings** (Name & Title)  
 (Mailing Address)  
 / /  
 Telephone Number / Facsimile Number / E-mail Address  
 Same as G

**L. Gross Receipts Mailings** (Name & Title)  
 (Mailing Address)  
 / /  
 Telephone Number / Facsimile Number / E-mail Address  
 Same as G

**M. Lifeline Mailings** (Name & Title)  
 (Mailing Address)  
 / /  
 Telephone Number / Facsimile Number / E-mail Address

Robert Cleary

This form was completed by  
Vice President

Title

Signature

Date

RETURN COMPLETED FORM TO: Public Service Commission of SC  
 Docketing Department  
 101 Executive Center Drive, Suite 100  
 Columbia, South Carolina 29210

**And**

Office of Regulatory Staff  
 Attn: Jeanne Gordon  
 1401 Main Street, Suite 900  
 Columbia, South Carolina 29201